<b>ŞEPA</b>	POTENTIAL TENTA	REG	REGION SITE NUMBER								
File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.											
I, SITE IDENTIFICATION											
a. SITE NAME Crund rute Grinding	and Maan	hartering	B. STREET	No f	Hamlin	L.					
Lincoln wood	D. STATE		E. ZIP COPE 60 645								
II. TENTATIVE DISPOSITION											
Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.											
REC	ACTION AGENCY										
	MARK'X'	EPA	STATE	LOCAL	PRIVATE						
A. NO ACTION NEEDED NO HAZA											
B. INVESTIGATIVE ACTION(S) NEE	····	<del></del>			WSD						
C. REMEDIAL ACTION NEEDED (If						<u> </u>					
ENFORCEMENT ACTION NEEDEL  D. be primarily managed by the EPA of is anticipated.)	or the State and wi	hat type of enforceme	ent action				WZD				
MSD will while notice of violation because Grand-rite did not fill out MSD manifests when slipping out their waster. An NOV will also be haved for Fate, Oil & Grease ducharge to sever system, once test results are in.											
					DEVELOPMENT PLAN IS NECESSARY, INDICATE THE D DATE ON WHICH THE PLAN WILL BE DEVELOPED (974).						
1. NAME	2. TELEPHO 886	NE NUMBER   3. DATE (mo., day, & yr.) - 6711   10/23/80									
A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.  MSD will re-impact to insul that anid-rite improves when its househeaping afforts.											
B. PROPOSED INVESTIGATIVE ACT	IVITY (Detailed )	Information)									
1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo,day, & yr)	3. TO BE PERFORMED BY (EPA, Con- tractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS							
a. TYPE OF SITE INSPECTION  (1) Surveillance		MSD									
(2)											
(3)											
b. TYPE OF MONITORING (1)	EPA Region 5 Records Ctr.										
c. TYPE OF SAMPLING					<del></del>	327922					
						<del></del>					
(2)											

	<del></del>	<del></del>	A							_	
III. IN	VESTIGATIV	EACTIV	ITY NEEDED	and PAR	T B.PRO	POSED INVE	SríGATIV	E ACTIV	ITY (Continued)		
(1)	ANALYSIS	Ì									
(2)							<del></del> ·				
e. OTHER (specify	7)				<del></del>					_	
(1) ————————————————————————————————————		-	_	<del>-</del>	-					_	
(2)	· · · · · · · · · · · · · · · · · · ·									;	
C. ELABORATE ON INVESTIGATIVE	WORK.	INFORMA	TION PROVIDE	O IN PAR	TB (on fro	nt & above) AS	NEEDED T	O IDENTI	IFY ADDITIONAL	[	
D. ESTIMATED MAI	NHOURS BY AC	TION AGE	NCY							_	
1. ACTION AGENCY			2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE			1. ACTION AGENCY			2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES		
a, EPA			ACJIVII	ACTIVITIES b. STA					ACTIVITIES	_	
c. EPA CONTRACTOR				d. OTHER (specify)				···········		_	
	<del></del>	<u> </u>	TV	BENED	IAL ACT	IONS		<del></del>			
			On Site & Off-Si	te): List	all emerge	ncy actions nee			er immediate control, e.g., re-		
paret decoup, pro	JVIGE BITCHIATE V	2. EST.	3. EST.	T	4.	Key words for		actions to	be used in the apace below.	_	
1. ACTIO	•	START DATE	END DATE (mo, day, & yr)	(EPA,		5. ESTIMATE	D COST	INDICA	FY 311 OR OTHER ACTION: ATE THE MAGNITUDE OF HE WORK REQUIRED	;	
Improve houseke waste drums cove	eping, Keap			Grind-	rite	\$					
						\$					
					,	\$					
						\$				_	
					-	\$					
						\$					
B. LONG TERM STI								ound water	monitoring wells, etc.	_	
		2. EST.	3. EST.		4.			1		_	
STAR 1. ACTION DAT		START DATE	END DATE (yr) (mo,day,&yr)	ACTION AGENCY (EPA, State		5. ESTIMATED COST		6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED			
					·····	\$					
						\$		•			
						\$					
						\$					
						\$		<del>                                     </del>			
						\$	,				
C ESTIMATED !!	NHOURS AND I	.007.57	STION ASSENCE	<u> </u>		L		<u> </u>		-	
C. ESTIMATED MA	TOTAL EST	I		1	•		2. TOTA	L EST.	3 TOTAL EST COST	_	
1. ACTION AGENCY A	NHOURS FOR REMEDIAL CTIVITIES	ł	TOTAL EST. COST FOR IEDIAL ACTIVITIES		1. ACTION AGENCY  2. TOTAL MANHOUR REMED ACTIVIT		DIAL	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	_		
a. EPA					TATE OTHER (SP	ecify)	<u> </u>				
c. PRIVATE PARTIES				0.0	, i ⊔⊏k (∘b	,,					

SEPA POTENTIA	SITE NUMBER	SITE NUMBER		
NOTE: The initial identification of a potential s ation that an actual health or environmen Waste Site Enforcement and Response Sy SITE NAME AND STREET ADDRESS (or other identific	ital threat ex stem to dete	ists. All identified sites will be as	ssessed under the EPA's	s Hazardous
	cutting chtos choolan d sewe	t oil overflow du or system. MSD same	to ROSEMENT 1  ZIP CODE  6064	m Jan. 8i
ITEM	DATE OF DETERMIN- ATION OR COMPLE- TION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo,day,yt)
1. IDENTIFICATION OF POTENTIAL PROBLEM	10/1/80	Hot line call-EPA	A Kaplan	10/23/8
2. PRELIMINARY ASSESSMENT	10/23/80	EPA	P Kaplan	10/23/8
APPARENT SERIOUSNESS OF PROBLEM:	<u> —                                   </u>	MEDIUM LOW NON	E UNKNOWN	
3. SITE INSPECTION				
4. EPA TENTATIVE DISPOSITION 4. (check appropriate Item(s) below)				
a. NO ACTION NEEDED				
b. INVESTIGATIVE ACTION NEEDED		MSD	$\Gamma = \rho_{\vec{k}} = 1$	10/23/60
C. REMEDIAL ACTION NEEDED		arind-rite arinding	- PK	
☑ d. ENFORCEMENT ACTION NEEDED		MSD	PK	
5. (check appropriate item(s) below)				
a. NO ACTION NEEDED				
b. REMEDIAL ACTION NEEDED				
c. REMEDIAL ACTION NEEDED BUT,			_ <u> </u>	
d. ENFORCEMENT ACTION NEEDED				
(1) CASE DEVELOPMENT PLAN PREPARED				<del></del>
(2) ENFORCEMENT CASE FILED OR	1		<del> </del>	<del> </del>

EPA Form T2070-1 (R.12-79) PREVIOUS EDITION MAY BE USED

6. STRATEGY COMPLETED